

AO 435 AZ Form (Rev. 10/2018)				FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
1. NAME Joseph J. La Rue		2. PHONE NUMBER 602-506-8541		3. DATE 07/26/2022	
4. FIRM NAME Maricopa County Attorney's Office - Civil Services Division					
5. MAILING ADDRESS 225 W. Madison Street			6. CITY Phoenix		7. STATE AZ
8. ZIP CODE 85003					
9. CASE NUMBER CV-22-677-PHX-JTT		10. JUDGE Tuchi		DATES OF PROCEEDINGS	
				11. 07/21/2022 @ 9am	
				12.	
13. CASE NAME Lake and Finchem v. Hobbs, et al.			LOCATION OF PROCEEDINGS		
			14. Phoenix - Crtroom 505		
			15. STATE Arizona		
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Preliminary Injunction/	
<input type="checkbox"/> BAIL HEARING				Motion to Dismiss Hearing	
				July 21, 2022	
				July 21, 2022	
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY	
14 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)	
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)	
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS laruej@mcao.maricopa.gov	
19. SIGNATURE /Joseph La Rue				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 07/27/2022					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				PHONE NUMBER	
TRANSCRIPT ORDERED				DEPOSIT PAID	
TRANSCRIPT RECEIVED				TOTAL CHARGES	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT	
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED	
				TOTAL DUE	

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ORDER RECEIPT

ORDER COPY